In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act,* Alcohol, Gaming, Fuel and Tobacco will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.

NOVA SCOTIA
Service Nova Scotia
Alcohol, Gaming, Fuel and Tobacco

780 Windmill Road
2nd Floor
P.O. Box 545
Dartmouth, N.S. B2Y 3Y8
Tel: (902) 424-6160

NS Toll Free 1-877-565-0556

OR

1030 Upper Prince St. Suite 1
Sydney, N.S. B1P 5P6
Tel: (902)563-3494

AGDLicense@novascotia.ca

APPLICATION FOR FILM EXCHANGE LICENSE

☐ **FILM EXCHANGE DISTRIBUTOR**

License Fees Film Distributors..... $1393.20 (3 year term)
Video Game Distributors..... $696.45 (3 year term)

REGISTRY OF JOINT STOCK COMPANIES & SECURITIES REGISTRATION NUMBER: _____

NAME UNDER WHICH BUSINESS WILL BE OPERATED		OWNERS NAME
BUSINESS MAILING ADDRESS(STREET/BOX/CITY/PROVINCE/POSTAL CODE)		
BUSINESS PHONE NUMBER	RESIDENCE PHONE NUMBER	EMAIL ADDRESS

BUSINESS CIVIC ADDRESS IN NOVA SCOTIA (STREET & SUITE NUMBER)		
CITY	PROVINCE	POSTAL CODE
BUSINESS PHONE NUMBER	EMAIL ADDRESS	

WAS THIS LOCATION PREVIOUSLY LICENSED UNDER THE THEATRES AND AMUSEMENTS ACT:_____YES _____NO

IF YES, PLEASE PROVIDE BUSINESS NAME: _____

ENTER NAME OF INDIVIDUAL DESIGNATED AS CONTACT FOR LICENSE CORRESPONDENCE (Please print)

SURNAME	FIRST NAME GIVEN	INITIALS
POSITION HELD (TITLE)	PHONE NUMBER	EMAIL ADDRESS

Applicants for Film <u>Distributor</u> License must provide name and address of the Registered Agent(s) in the Province of Nova Scotia

AGENT NAME	ADDRESS
PHONE NUMBER(S)	EMAIL ADDRESS

Has the applicant (or any Partner, in the case of a Partnership, or any Officer, in the case of a Corporation) been convicted (or Pardoned) of an offence under any country, or state, or province; or disciplined by any Professional/Occupational Association or Society? _____ YES _____NO

IF YES, GIVE FULL PARTICULARS:

_____

_____

_____

****

I HEREBY AUTHORIZE THE ***ALCOHOL, GAMING, FUEL AND TOBACCO DIVISION*** TO VERIFY WITH THE APPROPRIATE SOURCES ANY INFORMATION GIVEN OR SUPPLIED AS PART OF THE APPLICATION.

_____ _____

DATE OF APPLICATION AUTHORIZED SIGNATURE

Rev. Dec 2025